

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Missouri

Optional Sliding Scale Premiums Imposed on
Qualified Disabled and Working Individuals

- A. The following method is used to determine the monthly premium imposed on qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act:

NA

- B. A description of the billing method used is as follows (include due date for premium payment, notification of the consequences of nonpayment, and notice of procedures for requesting waiver of premium payment):

NA

*Description provided on attachment.

TN No. <u>MS-91-44</u>	Approval Date <u>FEB 06 1992</u>	Effective Date <u>11/01/91</u>
Supersedes		
TN No. <u>NA</u>		

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Missouri

Optional Sliding Scale Premiums Imposed on
Qualified Disabled and Working Individuals

- ☒ This state plan does not impose a sliding scale premium on qualified disabled and working individuals.
- A. The following method is used to determine the monthly premium imposed on qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act:

- B. A description of the billing method used is as follows (include due date for premium payment, notification of the consequences of nonpayment, and notice of procedures for requesting waiver of premium payment):

*Description provided on attachment.

TN No. 91-42 Approval Date DEC 11 1991 Effective Date 10/1/91
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Missouri

C. State or local funds under other programs are used to pay for premiums:

☒

Yes

☐

No

NA

D. The criteria used for determining whether the agency will waive payment of a premium because it would cause an undue hardship on an individual are described below:

NA

*Description provided on attachment.

TN No. MS-91-44

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STATE: MISSOURI

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Inpatient Hospital Services Reimbursement Plan

13 CSR 40-81.050 Inpatient Hospital Services Reimbursement Plan

I. For inpatient hospital services provided for those Medicaid-eligible recipient patients having concurrent Medicare Part A inpatient hospital benefits available, Missouri Medical Assistance program reimbursement will be based on such deductible, coinsurance or lifetime reserve (Medicaid mandatory utilization) as may be applicable under Title XVIII. For all other Medicaid recipients, unless otherwise limited by regulation, reimbursement will be based solely on the individual recipient's days of care (within benefit limitations) multiplied by the individual hospital's Title XIX per-diem rate. As described in paragraph V D.2. of this plan, as part of each hospital's fiscal year end cost settlement determination, a comparison of total Medicaid-covered aggregate charges and total Medicaid payments will be made and any hospital whose aggregate Medicaid per-diem payments exceed aggregate Medicaid charges will be subject to a retroactive adjustment.

A. The Title XIX per-diem rate for hospitals located outside the state of Missouri and for federally-operated hospitals in the state of Missouri will be determined as stated in section XI of this plan. For other hospitals located within the state of Missouri, the Title XIX per-diem rate shall be the lowest of each hospital's--

1. Medicaid per-diem rate in effect by the fifteenth (15th) of June for those facilities whose fiscal year ends January through June and the fifteenth (15th) of December for those facilities whose fiscal year ends July through December which shall be increased by the inflation index for the following year;
2. Most current Title XVIII Medicare rate on file with the Missouri Medical Services Section. Beginning with fiscal year 1986 rate determinations, this limit will apply only if the facility is reimbursed on a per-diem methodology by Medicare. This limitation shall not apply to facilities reimbursed under the Diagnosis Related Grouping (DRG) methodology by Medicare; or
3. An individual hospital per-diem rate as calculated using each hospital's Medicaid cost report from the third prior hospital fiscal year. This per-diem will be increased for the three (3) following years by the inflation index for the years 1986 through 1988 or the June 30, 1981 Medicaid per-diem rate if greater.

B. The state may reimburse hospitals on an interim basis through the Periodic Interim Payment system defined in regulation by the Missouri Department of Social Services.

State Plan TN# 87-12 Effective Date 7/1/87
Supersedes TN# Approval Date 2/23/88

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